

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 12/01/10
Section: Family Planning (Non-Waiver)	Section: 70.04	
Subject: Covered Services	Pages: 2	
	Cross Reference:	
	Pharmacy 31	
	Sterilization 25.29	
	Failed Sterilization Procedures	
	53.10	

Family planning services are services provided to eligible beneficiaries who voluntarily choose to prevent pregnancy, plan the number of pregnancies, or plan the spacing between pregnancies.

Family planning services are provided, with limitations, in the following general categories:

- Visits
- Contraceptive drugs
- Contraceptive devices
- Voluntary sterilization
- Laboratory procedures

Visits

Counseling and education are considered part of the family planning visit and may not be billed separately. Providers must bill using the Evaluation and Management CPT Code appropriate for the level of service.

Contraceptive Drugs

- Insertion and removal of contraceptive implants are covered. The implant devices may be billed as a separate charge.
- Contraceptive injections administered in the provider's office are covered. An administration fee may be billed separate from a visit code.
- Prescription contraceptives are available through the pharmacy program. Refer to Provider Policy Manual Section 31 for Pharmacy policy.

Contraceptive Devices

- Insertion and removal of contraceptive intrauterine devices are covered. The device may be billed as a separate charge.
- Diaphragm or cervical cap fitting with instructions. The device may **not** be billed as a separate charge.
- Over-the-counter contraceptive devices such as condoms, spermicides and sponges are **not** covered.

Voluntary Sterilization

Vasectomy and tubal ligation procedures, including tubal ligation by hysteroscopy, are covered if they meet Medicaid criteria for sterilization. Refer to Provider Policy Manual Section 25.29 for Sterilization policy.

In the event a second sterilization procedure is required due to failure of the first procedure, coverage for a second covered procedure will be provided. A second sterilization consent form must be completed. Documentation in the beneficiary's medical record must include the date of the first sterilization and the reason for the procedure failure. Refer to Provider Policy Manual Section 53.19 for Failed Sterilization Procedures policy.

Laboratory Procedures

Pap smears and screening for sexually transmitted diseases are covered services.

Codes/Modifiers

Claims for family planning services must be submitted with the FP modifier.